



National  
Aeronautics and  
Space  
Administration

## Notification of Occupational Injuries/Illnesses

### SAFETY OFFICE USE

MASTER FILE NO.

ORG. FILE NO.

### PRIMARY CONTACT: HQ Facilities & Security Branch, Code CFS (FAX 358-3090)

The Health Unit will immediately notify the Headquarters Safety Office by telephone or fax of all occupational / work related injuries and illnesses, as defined by the United States Department of Labor in "Recordkeeping Guidelines for Occupational Injuries and Illnesses" (April 1986). *NOTE: The Health Unit shall notify the Headquarters Safety Office even in the event of first aid treatment.* All call-in logs for occupational injuries and illnesses will be maintained by the Health Unit.

The following information will be provided to the Safety Office:

MISHAP DATE	MISHAP TIME	EMPLOYEE NAME	AGE	TELEPHONE	CODE
OCCUPATION		IF CONTRACTOR EMPLOYEE, NAME OF CONTRACTOR	SUPERVISOR'S NAME		TELEPHONE

LOCATION INJURY/ILLNESS OCCURRED

DESCRIPTION OF INJURY/ILLNESS EVENT

NAME BODY PART AND INJURY/ILLNESS (For example, small rt. finger-cut, strain, sprain, pain, puncture, bite, etc.)

BACK TO WORK? ☐ YES ☐ NO  
SENT HOME? ☐ YES ☐ NO  
REFERRED TO MEDICAL DOCTOR? ☐ YES ☐ NO

LOST TIME INVOLVED? ☐ YES ☐ NO  
NUMBER OF DAYS: \_\_\_\_\_  
ANY WORK RESTRICTION? \_\_\_\_\_

FIRST AID ONLY? ☐ YES ☐ NO  
RX DISPENSED? ☐ YES ☐ NO  
NASA FORM 1627, "NASA MISHAP REPORT," ISSUED TO INJURED EMPLOYEE?

MEDICAL TREATMENT? ☐ YES ☐ NO  
X-RAYS TAKEN? ☐ YES ☐ NO  
☐ YES ☐ NO

DATE FAXED TO  
SAFETY OFFICE

NAME OF NURSE COMPLETING FORM

DATE AND TIME INJURED PERSON  
REPORTED TO HEALTH UNIT